

MARGIN RESERVED FOR BINDING.

FORM NO. 3.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

| <div style="text-align: center;"> <b>CERTIFICATE OF BIRTH</b><br/>           STATE OF SOUTH CAROLINA.<br/>           Bureau of Vital Statistics<br/>           State Board of Health         </div>   |  |   |   | <div style="border: 1px solid black; padding: 5px;">           File No.—For State Registrar Only<br/> <div style="font-size: 1.5em; font-weight: bold;">5592</div> </div> |  |
|---|--|---|---|---|--|
| (1) PLACE OF BIRTH<br>County of <u>Abbeville</u><br>Township of <u>Calhoun Mills</u><br>or<br>Inc. Town of <u>Willington S.C.</u><br>or<br>City of _____ (No. _____) _____ St.; _____ Ward _____<br>(If birth occurs in a hospital or other institution, give name of same instead of street and number.) |  |   |   |   |  |
| (2) Full Name of Child <u>Len named Huff</u> { If child is not yet named, make supplemental report as directed  |  |   |   |   |  |
| (3) BOY OR GIRL? <u>girl</u>  |  | (4) Twin or Triplet? _____<br><small>To be answered only in event of Twins or Triplets.</small> |   | (5) Number in order of birth _____  |  |
| (6) Are Parents Married? <u>yes</u>   |  | (7) DATE OF BIRTH <u>March 8</u> , 19 <u>34</u><br><small>(Name of Month) (Day) (Year)</small>  |   |   |  |
| <b>FATHER.</b>  |  |   | <b>MOTHER.</b>  |   |  |
| (8) FULL NAME <u>John Huff</u>  |  |   | (14) NAME BEFORE MARRIAGE <u>Alice Bramlett</u>   |   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Willington S.C.</u>   |  |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Willington S.C.</u>  |   |  |
| (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>28</u> (Years)   |  |   | (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Years)                                   |   |  |
| (12) BIRTHPLACE <u>Travellers Rest, S.C.</u>  |  |   | (18) BIRTHPLACE <u>Sandy Flat, S.C.</u>   |   |  |
| (13) OCCUPATION <u>Teaching</u>   |  |   | (19) OCCUPATION <u>House Keeping</u>  |   |  |
| (20) Number of children born to mother, including present birth <u>one</u>  |  |   | (21) Number of children of this mother now living, including present birth <u>None</u>                        |   |  |
| <b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>   |  |   |   |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12.30</u> <u>P.M.</u> ,<br><small>(Born alive or stillborn) (Hour A. M. or P. M.)</small><br>on the date above stated.  |  |   |   |   |  |
| (23) (Signature) <u>S. Cade</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Willington S.C.</u>  |  |   |   |   |  |
| Given name added from a supplemental report _____, 191____  |  |   | (26) Witness _____<br><small>(Signature of Witness necessary only when question 23 is signed by mark)</small> |   |  |
| _____ Registrar   |  |   | (27) Filed <u>March 5</u> 19 <u>34</u> (28) <u>W. Andrews</u> Local Registrar.                                |   |  |
| <small>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.</small>                              |  |   |   |   |  |
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